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Recommended Citation

Patino, Elizabeth, "Undocumented: The Health Effects of Latino Youth in the United States". *The Trinity Papers (2011 - present)* (2017).

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Undocumented: The Health Effects of Latino Youth in the United States

Elizabeth Patino

“Crossing the border without legal authorization is dangerous, and living in the United States without authorization comes at a high price” (Gomberg-Muñoz, 2011). Contrary to the media portrayal and unfavorable stereotypes of foreign entry to the United States, immigration is neither an accident nor a coincidence; rather, it should be seen as a justified action, such as labor migration. For immigrants, migration to another country typically connotes the search for a better, more stable life. However, regardless of who enters the country, an immigrant will undergo several socioeconomic changes, whether they benefit or inconvenience a person’s life. Therefore, it is important to recognize socioeconomic impediments and migration conditions that compromise the health of undocumented Latino immigrants. Many health effects resulting from immigration can be circumstantially pinpointed to poverty, acculturation, migration policy and additional psychosocial stressors among Latino youth today. Therefore, the adverse health effects of economic and social changes on Latino youth in the United States confirm that being a young undocumented immigrant, or having undocumented parents, in a country with high immigrant resentment has severe consequences for the youth.

The decision to migrate, which precedes the arduous entry process to the United States, is essential to understanding and gaining perspective on the pre-migration lives of Latino immigrants. Primarily, this decision is due to financial challenges they encounter in their home country that impede a comfortable lifestyle. Aside from economic reasons, other valid motives for immigration may include social migration, such as relocating closer to kin; political migration, such as escaping political persecution, war, or other dangerous circumstances; and environmental migration, such as seeking refuge from natural disasters (BBC). In many cases, Latino migrants are searching for work in order to send back money to their respective homes in Central and Latin America, therefore serving as a financial liaison to family abroad. Ultimately, no matter the reason, the human migration process will shape the immigrant’s experience of entering the United States. Changes such as “family separations, [...] traumatization before and during the journey, [changes in] socioeconomic status, and changes in family rules and roles conspire to make the immigration process a threat to the well being of both parents and children” (Chapman and Perreira, 2005). Essentially, these risk factors may be capable of adversely affecting the mental health as well as the functioning of the Latino youth from early on.

In analysis of traumatization of pre-immigration and in transit migration, there is evidence that particular traumas can compromise children’s health. As stated previously, many immigrants cross over to the United States seeking socioeconomic benefits; for instance, high rates in poverty, homicide, (drug) violence, and crime rates in Mexico are main determinants for immigration (Salas et al., 2013). Despite the likelihood of having faced traumas in their home countries, immigrants may undergo harsher and tougher journeys from their points of origin to their destinations. Due to stronger enforcement policies and stricter border controls in the United States, immigration routes have become increasingly “dangerous, [...] often leading to dehydration and, in extreme cases, death” (Salas et al., 2013). “Coyotes,” or human smuggles, guide immigrants’ paths to the border, however sometimes this may come at a price. Because coyotes demand a certain amount of money from families, any unpaid amounts may result in holding travelers hostage, or “even murder[ing]

and dump[ing] [them] in remote desert areas” (Salas et al., 2013). With the ever-worsening migration conditions, immigrants essentially risk their lives to sustain their families. By dint of interviews, a study exposes Mexicans’ feelings in relation to the discourse of immigration. In general, many have agreed that crossing the border has become increasingly dangerous, albeit worth the risk. One man “describe[s] the situation as follows: ‘The United States gets a cold, but Mexico gets pneumonia’” (Salas et al., 2013). In other words, the Mexicans that were interviewed expressed their preference to stay in Mexico, but there, the barriers are a reality they cannot continue to endure; even if they struggle in the United States, it would not equate to the gravity of the struggle experienced in Mexico. When children undergo socioeconomic difficulties and experience pre-immigration and in transit migration traumas, they can develop serious complications such as posttraumatic stress disorder, or the inability to concentrate in school. Additional kinds of stresses that emerge from post-immigration settlement will be mentioned later in this paper, but imagining the damages thus far is already quite alarming to the well being of immigrants and the youth.

Upon arrival to the United States, the financial status of a youth and his/her family is a major socioeconomic change that strongly influences and determines the health status of immigrants. When Latinos come to the United States, they aim to survive by finding a job to sustain their families and have food on the table. According to the Latino Paradox video, numerous immigrants work long hours for the low wages they receive, socially and inevitably establishing themselves as part of a lesser status group; nevertheless, it leads to or adds to physical and financial stresses (Adelman, 2008). As children are dependent on parents, the stressors translate into consequential effects on their health. With little money to subsist on, families must come together and pool resources. For example, multiple families might live together under one roof in order to be able to afford putting food on the table for children; in effect, crowded housing can dramatically change family situations, in turn affecting child mental health (Chaudry, 2011). To add to the influence of the home environment on child health, if the house is deteriorating, the conditions of the house can affect the physical well being of the youth and other household members. Additionally, some parents describe only being able to afford noodles and water, demonstrating that food insufficiency among families with children is a problem in low-income households (Chaudry, 2011). Suffice it to say that Latino youth bear a plethora of disadvantages that can jeopardize their physical and emotional health.

Nevertheless, the challenges do not stop there; transportation also becomes a serious impediment to accessing health care for many immigrants, and thus, children are not able to acquire the proper resources they need to maintain their health. This transitions into the difference between new Latino destinations and established Latino destinations. The latter signifies that there exists a large Latino presence in a particular area, versus one that has few Latinos. Recent evidence shows that “youth growing up in new Latino destinations suffer from worse mental health outcomes than their counterparts in more established Latino destinations” (Brietzke and Pereira, 2016) because of the severe lack of health infrastructure and resources available to non-English speaking immigrants. Typically, established Latino destinations consist of “well-developed safety nets, culturally competent providers, and immigrant advocacy or community-based organizations” (Viruell-Fuentes et al., 2012), all contributing to structure health care access for immigrants. However, this is not to say established destinations are flawless; their disadvantages are contingent on “exposure to higher levels of violence, poverty, poor housing conditions, and a lack of access to recreational facilities and other resources” (Viruell-Fuentes et al., 2012). Moreover, through poverty, lack of resources, and exposure to environmental risk factors, residential segregation

affects physical and mental health (Viruell-Fuentes et al., 2012). To treat a certain group with contempt and to marginalize them is to concentrate and magnify poverty levels in an area, which proves to be problematic because it often limits access to health care and necessary resources to maintain one's well being. Evident changes in economic and social structures frame immigrant health in harmful ways, however this is only one of several factors involved in the health effects of immigration.

Acculturation—though usually connotative of positive adjustment—can increase the negative health effects on immigrants. A point often overlooked is how acculturation correlates with health, and there is evidence validating that acculturation negatively affects health more often than not. By definition, acculturation is the “process through which migrants and their children acquire the values, behavioral norms, and attitudes of the host society” (Popovic-Lipovac and Strasser, 2013), which provides an interesting, yet complex, explanation for health deterioration of young Latino immigrants. It is worth mentioning that acculturation and other influencers have caused immigrant health to deteriorate over time, therefore refuting the Hispanic Paradox theory, which claims Hispanic immigrants have better health conditions despite their lower socioeconomic position (Popovic-Lipovac and Strasser, 2013). In analysis of dietary acculturation, there are multiple factors influencing a Latino child's health, beginning with a mother's role at home, where most dietary changes occur. To elaborate, when socioeconomic, demographic, and cultural factors confront exposure to the host culture, a consequence is change in dietary-related knowledge, in taste preference, and ultimately in food procurement and preparation (Popovic-Lipovac and Strasser, 2013). The end result is the development of bicultural eating patterns and/or the complete adoption of the United States' eating patterns, which has displayed worsening health conditions for many, especially for children that follow their parents' model and actions. While this generalization does not hold true for all immigrants, it is important to note that “migrants generally have a more unfavorable risk factor profile as well as more frequently type 2 diabetes, hypertension, chronic conditions, and obesity” (Popovic-Lipovac and Strasser, 2013). Although food changes prove to be one evident health stressor, there are further acculturative cases that produce similar effects.

Aside from dietary acculturation, Latino children face the challenge of acculturation in the social and academic spheres, and therefore often undergo cultural and educational stresses that can impact their physical and mental health. In any case, transitioning into a new culture, learning a new language, forming new relationships, and searching employment opportunities is challenging; however, these all increase the acculturative and psychosocial stresses among Latino adolescents, who “confront acculturation to American teen culture” (Cervantes et al., 2013). It is important to note that societal prejudices have led Latino youth to understand they are ranked low in the United States' social and racial hierarchy; therefore, achieving socioeconomic mobility is a challenge. These youth are quick to realize the barriers they must endure compared to their native-born teen counterparts, justifying their “decreased motivations in school” (Gonzales et al., 2013). With high discrimination and stereotypes of Hispanic immigrants, some students cope by trying to Americanize themselves with the intention of belonging to a place and attaching to it an identity. For example, in a conversation among undocumented Latino interviewees, a female student acknowledges that “being Mexican [is] important to her, but ‘becoming an American’ would create opportunities for her future” and this is her way to “pursue upward socioeconomic mobility” (Brietzke and Perreira, 2016). Evidently, Latino students seem to be concerned about their future. While in some cases they reject their own Latino heritage, the acculturative stress they undergo to

behave like American teens for opportunity purposes adds additional layers of stress to what they may already have to endure at home, such as fear of deportation.

Another key point is the lack of acculturation, linking low levels of literacy to poor health. For instance, evidence has shown that “immigrant mothers [have] difficulties understanding the written instructions of routinely prescribed children’s medication, even when the information [is] provided in Spanish” (Calvo, 2015). Poor acculturation could mean having low levels of literacy or health literacy, which is problematic when handling medication and managing the health of children, who are dependent on their parents.

However, parental acculturation, or “immigrant mothers who have greater incorporation into the United States, are more likely to reflect the same access to [health] care patterns as the children of the native-born” (Durden, 2007), showing that acculturation may also be associated with positive effects. Because culture is a multifaceted concept, it can shape health in any form, and for this reason, acculturation can have positive or negative implications for immigrant health.

Overtime with increasing Latino immigration, anti-immigrant sentiment has worsened and migration policy has become stricter. One thing to highlight is that “historically, immigration policies” have attempted to “define national belonging along racial/ethnic lines and, in the process, have racialized immigrant groups deemed to be undesirable” (Viruell-Fuentes et al., 2012). There is growing evidence that discrimination and racism are associated with poorer health for children and, naturally, limited access to health care. Because of the strong and undisguised sentiments, there is increased marginalization and socio-economic inequities among Latino immigrant populations. To worsen matters, in 2011 alone, “1538 immigration-related policies were introduced at the state level across the nation,” and while “some are intended to facilitate immigration, many are aimed to restrict the rights of immigrants—particularly the undocumented” (Viruell-Fuentes et al., 2012). Along the same lines, several anti-immigrant laws aim to make legal entry more difficult in order to combat undocumented immigration. For instance, the 1986 Immigration Reform and Control Act (IRCA) “criminalized the hiring of undocumented immigrants” (Massey and Riosmena, 2010). These policies decidedly continue to enumerate with the normalization of stereotypes, which thwart the elimination of racism and discrimination. By saying all Latinos are Mexican, all Mexicans are immigrants, and all immigrants are undocumented (Viruell-Fuentes et al., 2012) intensifies anti-immigrant sentiment and endorses a hostile environment that supports strict migration policies.

To further demonstrate the adverse effects of migration policy, Arizona’s strict policies display severe damage on immigrant communities. According to a survey, several families have reported concerns for their children’s well being since fear of parental deportation has caused trauma in the forms of intense nervousness, anxiety, and depression (Salas et al., 2013). Several Latino children live a daily fear of coming home to no parents and understand the consequences of deportation, such as not being able to fulfill their dreams. One mother from the same survey shared that her daughter often asks, “What time is my daddy going to be here?” and if he comes from work she tells him, “It’s good that you arrived” (Salas et al., 2013). To add to the trauma, family separation is often the most direct result of immigration arrests, posing “risks to children’s safety, economic security, well being, and longer-term development,” not to mention child victims of family separation may not receive the emotional support or assistance with their schooling (Chaudry, 2011). Not only does family separation compromise child health, but also the electronic monitoring devices (EMDs) that are attached to the ankles of undocumented immigrants following arrests. Parents mandated to wear these ankle bracelet trackers noticed that their children developed severe behavioral changes. Children aged six to eleven “exhibit[ed] more frequent

changes in eating habits, fear, and withdrawal” while those “twelve to seventeen report[ed] the most sleeping problems,” but across all ages, “more than half of the children felt afraid and cried” (Chaudry, 2011). Perpetual fear of parental deportation and immigration enforcement is unhealthy for children and creates a threatening environment for them where they feel unsafe. Given all these points, it is without a doubt that the discriminating migration policies generate fear and discomfort among undocumented Latino immigrants, ultimately disrupting family cohesion and disturbing child health and development.

In today’s world, as migration policies and anti-immigrant sentiment worsen so does the health of Latino adolescents. With little doubt, poverty, acculturation, anti-immigrant policies and resentment, and the meaning of undocumented status to youth truly color the quality of health among the Latino youth population and determine the health status of immigrant families. However, it is circumstantial, as each immigrant has a unique background. Equally important to mention, at a period of psychological vulnerability, adolescents are even more susceptible to poor health and this has severe short-term and long-term consequences. Such challenges they face at a young age are detrimental to their physical and mental health, and a possible method of reversal is the full elimination of discrimination and anti-immigrant sentiment, because all human beings need to agree that health is the most basic, essential component of life.

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